

No. of Claims After Amendment			Most Claims Previously Paid		Extra Claims				Additional Fee
A. Total Claims	58	-	67	=	0	x	\$18	=	0.00
B. Ind. Claims	1	-	4	=	0	x	\$84	=	0.00
C. If amended to contain multiple dependent claims, add \$260							\$280	=	0.00
D. Total Amendment Fee (Total of A, B & C)								=	0.00
E. If small entity, 50% reduction of Total Amendment Fee (50% of D)								=	0.00
F. Total Amendment Fee (D minus E)								=	0.00

The Commissioner is hereby authorized to charge any fees under 37 CFR §§ 1.16, 1.17 and 1.21 which may be required by this paper, or to credit any overpayment, to Deposit Account No. 18-0580. **A duplicate copy of this sheet is enclosed.**

Respectfully submitted,

By: 

Dianne E. Reed  
Registration No. 31,292

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